

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6458 -62-024822  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6458

FILED JUL 6 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb 16 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 8721 Halls Ferry Rd.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY G. KIEHL		4. DATE OF DEATH Month Day Year June 27, 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY Luth. Schools	
11. BIRTHPLACE (City and state or country) Drake, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Kiehl		13b. MOTHER'S MAIDEN NAME Anna Rehner	
14. NAME OF HUSBAND OR WIFE Ophelia Schmale		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Rev. Erich Kiehl, 5338 Lansdowne Avenue	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last, DUE TO (b) <i>Bilateral Bronchiectasis</i> DUE TO (c) <i>526X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i> <i>30 yrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cor Pulmonale - Heart Failure</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2/3/61</i> to <i>6/27/62</i> and last saw her/him alive on <i>6/26/62</i> Death occurred at <i>12:25 A.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Fred Mortensen, MD</i>	
22b. ADDRESS <i>3701 Shovel Square</i>		22c. DATE SIGNED <i>6/29/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 30, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	
23d. LOCATION (City, town, or county) Concordia, Missouri		24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
25. DATE RECD. BY LOCAL REG. JUN 29 1962		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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ITEM NO.

DATE AMENDED

Dr. Frederic Mortensen

No Thursday

12:30 to 4 PM

*Friday*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Homer H. Fritz*

Licensed Embalmer No.

*3882*

P. O. Address

*St. Louis.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.